REMARKS

Claims 1, 4-9, 18, 21-25, 27, and 41-56 are pending. Claims 2-3, 10-17, 19-20, 26, and 28-40 are canceled.

1. Claims 45, 50, and 56 were rejected under 35 U.S.C. 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which Applicants regard as the invention. Claims 45, 50, and 56 have been amended to clarify the claim language. As such, Applicants respectfully request reconsideration and withdrawal of the 35 U.S.C. 112, second paragraph, rejection.

2. Claims 1, 4-5, 8-9, 18, 21-22, 25, 27, 41-51, and 54-56 were rejected under 35 U.S.C. 103(a) as being unpatentable over Barry et al. (US 6,188,988, hereinafter "Barry") in view of Martin et al. (US 6,484,144, hereinafter "Martin"). Applicants respectfully traverse this rejection.

Present claim 1 is directed to a system to implement at least one medical diagnostic or treatment algorithm in a healthcare workflow. The system includes storage, a user interface, and a disease management engine. The storage includes a first medical diagnostic or treatment algorithm associated with a first third-party payer, a second medical diagnostic or treatment algorithm associated with a second third-party payer, and at least one patient medical record. The user interface is operable to display an interface associated with the healthcare workflow to a healthcare provider. The healthcare workflow includes a set of interfaces for the healthcare provider to enter patient data into the at least one patient medical record during a patient encounter. The disease management engine is operable to select one medical diagnostic or treatment algorithm from the first medical diagnostic or treatment algorithm or the second medical diagnostic or treatment algorithm based on the at least one patient medical record and is operable to modify the healthcare workflow in accordance with the one medical diagnostic or treatment algorithm based on the patient medical data.

Present claim 18 is directed to a method for selectively modifying a healthcare workflow. The method includes storing a first medical diagnostic or treatment algorithm. The first medical diagnostic or treatment algorithm is associated with a first third-party payer. The method also

includes storing a second medical diagnostic or treatment algorithm. The second medical diagnostic or treatment algorithm is associated with a second third-party payer. Further, the method includes collecting medical information from a healthcare provider during a patient encounter via an interface provided at an interactive device. The medical information is associated with a patient. In addition, the method includes automatically selecting one medical diagnostic or treatment algorithm of the first or second medical diagnostic or treatment algorithms based on the medical information and selectively modifying the interface displayed to the healthcare provider via the interactive device based on the one medical diagnostic or treatment algorithm. Present claim 27 is directed to a program storage device readable by a machine, tangibly embodying a program of instructions executable by the machine to perform method steps similar to those recited in claim 18.

Claim 51 is directed to a method of implementing a disease management algorithm in a healthcare provider workflow. The method includes storing a first disease management algorithm associated with a first insurance company, a second disease management algorithm associated with a second insurance company, and a plurality of patient records. The method further includes collecting medical information from a healthcare provider during a patient encounter via an interface provided at a portable interface device. The medical information is associated with a patient record of the plurality of patient records. The method also includes automatically selecting one of the first or second disease management algorithms based at least in part on data stored in the patient record and modifying the interface provided at the portable interface device based, at least in part, on the selected one of the first or second disease management algorithms.

The PTO primarily relies on Barry. Barry is directed to systems and methods and computer program products for guiding selection of a therapeutic treatment regimen for a known disease. As relied upon by the PTO, FIG. 2 of Barry illustrates a system including a knowledge base of treatment regimens 21, a knowledge base of expert rules 22, a knowledge base of advisory information 23, a knowledge base of patient therapy history 24, and a patient information 25. An inference engine 26 generates a listing of available treatments in the corresponding advisory information from the information provided by the knowledge bases 21-25. (Barry, column 8, lines 12-35). Barry further discloses a computing device that contains a

knowledge base of treatments, contains a knowledge base of expert rules for determining available treatment options for the patient in light of the patient information, and also contains a knowledge base of advisory information. A list of available treatments for the patient is generated from the patient information and available treatments by the expert rules and advisory information for the available treatments as generated. (Barry, column 5, lines 10-20). As such, Barry discloses using a knowledge base of expert rules to generate a listing of therapeutic regimens for a patient from a knowledge base of treatments in light of patient information and generating advisor information based on the list of treatments. Barry fails to teach or even remotely suggest a system including at least two disease management algorithms, each associated with a different third-party payer. Further, Barry fails to teach or even remotely suggest selecting one disease management algorithm from the first and second disease management algorithms, each associated with a different third-party payer. Accordingly, the PTO turns to Martin.

Martin is directed to a method and system for healthcare treatment planning and assessment. As relied upon by the PTO, Martin discloses that after the provider proposes a plan, the healthcare system analyzes the plan and provides a report of its analysis. The analysis considers feasibility of the treatment plan proposed by the provider given limitations associated with the patients risk value, insurance coverage, and diagnostic information. (Martin, column 15, lines 55-60). Martin may disclose considering the feasibility of a treatment plan in view of a patient's insurance coverage after the plan is prepared. However, Martin does not associate separate disease management algorithms stored on a system with different third-party payers. As such, Martin fails to teach or even remotely suggest first and second disease management algorithms, each associated with a different third-party payer. Therefore, Martin fails to overcome the deficiencies of Barry.

In contrast, claim 1 recites a storage including a first medical diagnostic or treatment algorithm associated with a first third-party payer, a second medical diagnostic or treatment algorithms associated with a second third-party payer, and at least one patient medical record. Further, claim 1 recites a disease management engine operable to select one medical diagnostic or treatment algorithm from the first medical diagnostic treatment algorithm and the second medical diagnostic or treatment algorithm based on the at least one patient medical record.

Similarly, claim 18 and claim 27 recite storing a first medical diagnostic or treatment algorithm, storing a second medical diagnostic or treatment algorithm, and automatically selecting one medical diagnostic or treatment algorithm of the first or second medical diagnostic or treatment algorithms. The first medical diagnostic or treatment algorithm is associated with a first third-party payer and the second medical diagnostic or treatment algorithm is associated with a second third-party payer. Further, claim 51 recites storing a first disease management algorithm associated with a first insurance company, a second disease management algorithm associated with a second insurance company, and a plurality of patient records. Claim 51 also recites automatically selecting one of the first or second disease management algorithms based, at least in part, on data stored in the patient record.

Barry fails to teach or even remotely suggest first and second medical diagnostic or treatment algorithms, each associated with a different third-party payer, such as an insurance company. Further, Barry fails to teach or even remotely suggest selecting one of the first or second medical diagnostic or treatment algorithms. Martin fails to overcome this deficiency.

Furthermore, Barry in view of Martin fails to teach or suggest many of the recited elements found in dependent claims. For example, the cited references fail to teach a medical diagnostic or treatment algorithm including an element, the element including a task field, a condition field, and a content field. While the PTO notes that Barry illustrates several tables including exemplary antiretroviral drugs (Table 1) or exemplary advisory information (Table 2), such tables do not disclose a medical diagnostic or treatment algorithm that includes elements that include a task field, a condition field, and a content field. The references further fail to teach or suggest modifying a healthcare workflow based on the content field, among other elements recited in the dependent claims. In particular, with respect to the notice taken that government agencies may be third-party payers, such notice does not apply to selecting the government agency as a second third-party payer in view of the recited invention.

For at least the forgoing reasons, claims 1, 4-5, 8-9, 18, 21-22, 25, 27, 41-51, and 54-56 are patentable over Barry in view of Martin. As such, Applicants respectfully request reconsideration and withdrawal of the 35 U.S.C. 103(a) rejection.

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3. Claims 6, 23, and 52 were rejected under 35 U.S.C. 103(a) as being unpatentable over Barry in view of Iliff (US 6,206,829, hereinafter "Iliff"). Applicants respectfully traverse this rejection.

Iliff discloses a system and method for providing computerized, knowledge based medical diagnostic and treatment advice. The medical advice is provided to the general public over networks, such as telephone network or a computer network. (Iliff, Abstract). Iliff fails to teach or suggest a system including storage for two disease management algorithms, each associated with different third-party payers. As such, Iliff fails to overcome the deficiencies of Barry and Martin described above.

For at least the forgoing reasons, claims 6, 23, and 52 are patentable over Barry in view of Iliff. As such, Applicants respectfully request reconsideration and withdrawal of the 35 U.S.C. 103(a) rejection.

4. Claims 7 and 24 were rejected under 35 U.S.C. 103(a) as being unpatentable over Barry in view of Schmidt et al. (US 6,839,678, hereinafter "Schmidt"). Applicants respectfully traverse this rejection.

Schmidt discloses that, in a system for conducting medical studies, a number of medical locations, such as clinics or medical practices, are connected to a central server via a computer network. (Schmidt, Abstract). Schmidt fails to teach or suggest a system including storage for two disease management algorithms, each associated with a different third-party payer. As such, Schmidt fails to overcome the deficiencies of Barry and Martin described above.

For at least the forgoing reasons, claims 7 and 24 are patentable over Barry in view of Schmidt. As such, Applicants respectfully request reconsideration and withdrawal of the 35 U.S.C. 103(a) rejection.

Applicant(s) respectfully submit that the present application is now in condition for allowance. Accordingly, the Examiner is requested to issue a Notice of Allowance for all pending claims.

Should the Examiner deem that any further action by the Applicants would be desirable for placing this application in even better condition for issue, the Examiner is requested to telephone Applicants' undersigned representative at the number listed below.

The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-3797.

Respectfully submitted,

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